

**Application Data Sheet****Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	SPONDYLODESIS DEVICE
Attorney Docket Number::	MAGERL1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Switzerland
Status::	Full Capacity
Given Name::	Friedrich
Middle Name::	

Family Name:: MAGERL  
Name Suffix::  
City of Residence:: St. Gallen  
State or Province of Residence::  
Country of Residence:: Switzerland  
Street of Mailing Address:: Tutilostrasse 17h  
City of Mailing Address:: St. Gallen  
State or Province of Mailing Address::  
Country of Mailing Address:: Switzerland  
Postal or Zip Code of Mailing Address:: CH-9011  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Switzerland  
Status:: Full Capacity  
Given Name:: Roger

Middle Name::  
Family Name:: STADLER  
Name Suffix::  
City of Residence:: Zurich  
State or Province of Residence::  
Country of Residence:: Switzerland  
Street of Mailing Address:: Munchhaldenstrasse 7  
City of Mailing Address:: Zurich  
State or Province of Mailing Address::  
Country of Mailing Address:: Switzerland  
Postal or Zip Code of Mailing Address:: CH-8008  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Switzerland  
Status:: Full Capacity  
Given Name:: Christian

Middle Name::  
Family Name:: WIDMER  
Name Suffix::  
City of Residence:: St. Margrethen

State or Province of Residence::

Country of Residence:: Switzerland

Street of Mailing Address:: Wittestrasse 24

City of Mailing Address:: St. Margrethen

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing Address:: CH-9430

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application:: Continuity Type:: Parent Parent Filing

Application:: Date::

This Application National Stage of PCT/CH04/000244 04/23/04

**Foreign Priority Information**

Country:: Application Number:: Filing Date:: Priority Claimed::

Europe 03405284.5 04/23/03 Yes

**Assignment Information**

Assignee Name:: Sepitec Foundation

Street of Mailing Address:: Kirchstrasse 12

City of Mailing Address:: Vaduz

State or Province of Mailing Address::

Country of Mailing Address:: Liechtenstein

Postal or Zip Code of Mailing Address:: 9490